

# 361 Depression

## Definition/Cut-off Value

Presence of clinical depression diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver. See Clarification for more information about self-reporting a diagnosis.

## Participant Category and Priority Level

Category	Priority
Pregnant Women	I
Breastfeeding Women	I
Non-Breastfeeding Women	III, IV, V or VI
Children	III

## Justification

Appetite changes are a distinguishing feature of depression. Severe depression is often associated with anorexia, bulimia, and weight loss. Maternal depressive symptoms are associated with pre-term birth among low-income urban African-American women. Depressed pregnant women are more likely to smoke during pregnancy, attend prenatal care less frequently, have a higher incidence of low birth weight infants, and experience higher perinatal mortality rates. WIC can provide much needed nutrition education and counseling that encourages clinically depressed women to continue healthy eating habits as well as referrals to other health care and social service programs that may be of more direct assistance to the clinically depressed WIC participant.

## References

1. Institute of Medicine. WIC nutrition risk criteria a scientific assessment. National Academy Press, Washington, D.C.; 1996.

## Clarification

Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis ("My doctor says that I have/my son or daughter has...") should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis.